

UNITED STATES DISTRICT COURT E-filing  
NORTHERN DISTRICT OF CALIFORNIA

WILLIE MAE LETT

**ADR**  
SUMMONS IN A CIVIL CASE

CASE NUMBER:

V.  
APEX FINANCIAL MANAGEMENT, LLC, and  
BRUCE ROBERT PASSEN

**C07 02428** PVT

TO:

Bruce Robert Passen  
Apex Financial Management, LLC  
5 Revere Drive, Suite 415  
Northbrook, Illinois 60062-1568

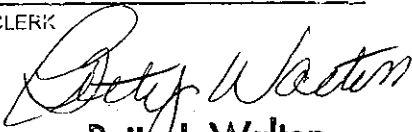
**YOU ARE HEREBY SUMMONED** and required to serve upon PLAINTIFF'S ATTORNEY

Fred W. Schwinn, Esq.  
Consumer Law Center, Inc.  
12 South First Street, Suite 416  
San Jose, CA 95113-2404

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

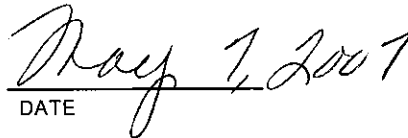
RICHARD W. WIEKING

CLERK

  
Betty J. Walton

(BY) DEPUTY CLERK

DATE

  
May 1, 2007

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Fred W. Schwinn (SBN 225575) Consumer Law Center, Inc. 12 South First Street, Suite 416 San Jose, California 95113-2404 TELEPHONE NO.: (408) 294-6100 FAX NO. (Optional): (408) 294-6190 E-MAIL ADDRESS (Optional): fred.schwinn@sjconsumerlaw.com ATTORNEY FOR (Name): PLAINTIFF		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: UNITED STATES DISTRICT COURT FOR THE MAILING ADDRESS: NORTHERN DISTRICT OF CALIFORNIA CITY AND ZIP CODE: 280 South First Street, Room 2112 BRANCH NAME: San Jose, California 95113		
PLAINTIFF/PETITIONER: WILLIE MAE LETT DEFENDANT/RESPONDENT: APEX FINANCIAL MANAGEMENT, LLC, et al.		
PROOF OF SERVICE OF SUMMONS		CASE NUMBER: C07-02428-PVT Ref. No. or File No.:

*(Separate proof of service is required for each party served.)*

1. At the time of service I was at least 18 years of age and not a party to this action.
2. I served copies of:
- a. ☒ summons
- b. ☒ complaint
- c. ☒ Alternative Dispute Resolution (ADR) package
- d. ☐ Civil Case Cover Sheet (served in complex cases only)
- e. ☐ cross-complaint
- f. ☒ other (specify documents) : Order Setting Initial Case Management Conference; Standing Order Regarding Case Management in Civil Cases; Consent to Proceed Before a US Magistrate Judge; ECF Registration Information Handout
3. a. Party served (specify name of party as shown on documents served):  
Bruce Robert Passen
- b. ☐ Person (other than the party in item 3a) served on behalf of an entity or as an authorized agent (and not a person under item 5b on whom substituted service was made)(specify name and relationship to the party named in item 3a):
4. Address where the party was served:  
5 Revere Drive, Suite 415  
Northbrook, IL 60062-1568
5. I served the party (check proper box)
- a. ☐ **by personal service.** I personally delivered the documents listed in item 2 to the party or person authorized to receive service of process for the party (1) on (date) : (2) at (time) :
- b. ☐ **by substituted service.** On (date) : at (time) : I left the documents listed in item 2 with or in the presence of (name and title or relationship to person indicated in item 3):
- (1) ☐ **(business)** a person at least 18 years of age apparently in charge at the office or usual place of business of the person to be served. I informed him or her of the general nature of the papers.
- (2) ☐ **(home)** a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the party. I informed him or her of the general nature of the papers.
- (3) ☐ **(physical address unknown)** a person at least 18 years of age apparently in charge at the usual mailing address of the person to be served, other than a United States Postal Service post office box. I informed him or her of the general nature of the papers.
- (4) ☐ I thereafter mailed (by first-class, postage prepaid) copies of the documents to the person to be served at the place where the copies were left (Code Civ. Proc., § 415.20). I mailed the documents on (date) : from (city): or ☐ a declaration of mailing is attached.
- (5) ☐ I attach a **declaration of diligence** stating actions taken first to attempt personal service.

PLAINTIFF/PETITIONER: WILLIE MAE LETT

CASE NUMBER:

C07-02428-PVT

DEFENDANT/RESPONDENT: APEX FINANCIAL MANAGEMENT, LLC, et al.

5. c. ☒ **by mail and acknowledgment of receipt of service.** I mailed the documents listed in item 2 to the party, to the address shown in item 4, by first-class mail, postage prepaid,
- (1) on (date) : May 8, 2007 (2) from (city) : San Jose, California
- (3) ☐ with two copies of the *Notice and Acknowledgment of Receipt* and a postage-paid return envelope addressed to me. (Attach completed *Notice and Acknowledgment of Receipt*.) (Code Civ. Proc., § 415.30.)
- (4) ☒ to an address outside California with return receipt requested. (Code Civ. Proc., § 415.40.)
- d. ☐ **by other means** (specify means of service and authorizing code section):

☒ Additional page describing service is attached.

6. The "Notice to the Person Served" (on the summons) was completed as follows:

- a. ☐ as an individual defendant.
- b. ☐ as the person sued under the fictitious name of (specify) :
- c. ☐ as occupant.
- d. ☐ On behalf of (specify) :

under the following Code of Civil Procedure section:

- |   |   |
|---|---|
| <input type="checkbox"/> 416.10 (corporation)                     | <input type="checkbox"/> 415.95 (business organization, form unknown) |
| <input type="checkbox"/> 416.20 (defunct corporation)             | <input type="checkbox"/> 416.60 (minor)                               |
| <input type="checkbox"/> 416.30 (joint stock company/association) | <input type="checkbox"/> 416.70 (ward or conservatee)                 |
| <input type="checkbox"/> 416.40 (association or partnership)      | <input type="checkbox"/> 416.90 (authorized person)                   |
| <input type="checkbox"/> 416.50 (public entity)                   | <input type="checkbox"/> 415.46 (occupant)                            |
|   | <input type="checkbox"/> other:                                       |

7. **Person who served papers**

- a. Name: Fred W. Schwinn
- b. Address: 12 South First Street, Suite 416, San Jose, CA 95113-2404
- c. Telephone number: (408) 294-6100
- d. The fee for service was: \$
- e. I am:
- (1) ☐ not a registered California process server.
- (2) ☒ exempt from registration under Business and Professions Code section 22350(b).
- (3) ☐ registered California process server:
- (i) ☐ owner ☐ employee ☐ independent contractor.
- (ii) Registration No.:
- (iii) County:

8. ☒ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or

9. ☐ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: May 15, 2007

Fred W. Schwinn (SBN 225575)

(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)



(SIGNATURE)

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

7005 3110 0000 4788 4312

Postage	\$	7.03
Certified Fee		\$2.40
Return Receipt Fee (Endorsement Required)		\$1.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	7.28

Postmark Here  
 MAY 2007  
 USPS  
 05/08/2007

Sent To  
 Bruce Passen, Apex Fin. Mgmt  
 Street, Apt. No.,  
 or PO Box No. 5 Revere Dr., Ste 415  
 City, State, ZIP+4  
 Northbrook, IL 60062-1568

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  X <i>K. O'Brien</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery  5/10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:  Bruce Robert Passen  Apex Financial Management  5 Revere Drive, Ste. 415  Northbrook, IL  60062-1568</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label) 7005 3110 0000 4788 4312</p>	
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

(Required for verified pleading) The items on this page stated on information and belief are (specify item numbers, not line numbers):

This page may be used with any Judicial Council form or any other paper filed with the court.

Page 3

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Fred W. Schwinn (SBN 225575) Consumer Law Center, Inc. 12 South First Street, Suite 416 San Jose, California 95113-2404 TELEPHONE NO.: (408) 294-6100 FAX NO. (Optional): (408) 294-6190 E-MAIL ADDRESS (Optional): fred.schwinn@sjconsumerlaw.com ATTORNEY FOR (Name): PLAINTIFF	FOR COURT USE ONLY
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PLAINTIFF/PETITIONER: WILLIE MAE LETT	CASE NUMBER: C07-02428-PVT
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PROOF OF SERVICE OF SUMMONS	Ref. No. or File No.:

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- b. ☐ Person (other than the party in item 3a) served on behalf of an entity or as an authorized agent (and not a person under item 5b on whom substituted service was made) (specify name and relationship to the party named in item 3a):
4. Address where the party was served:  
1080 Meadowbrook Lane  
Deerfield, IL 60015-3459
5. I served the party (check proper box)
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- (ii) Registration No.:
- (iii) County:

8. ☒ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or

9. ☐ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: May 15, 2007

Fred W. Schwinn (SBN 225575)

(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)



(SIGNATURE)

**U.S. Postal Service™**  
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Postage \$3.03  
 Certified Fee \$2.40  
 Return Receipt Fee (Endorsement Required) \$1.85  
 Restricted Delivery Fee (Endorsement Required) \$1.60  
 Total Postage & Fees \$7.28

Postmark Here  
 MAY 17 2007  
 165/08/2007

Sent To **Bruce Robert Pessen**  
 Street, Apt. No.; or PO Box No. **1080 Meadowbrook Lane**  
 City, State, ZIP+4 **Deerfield, IL 60015-3459**

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-top: 20px;">Bruce Robert Passen 1080 Meadowbrook Ln. Deerfield, IL 60015-3459</p>	<p>A. Signature</p> <p style="font-size: 1.5em; margin-top: 10px;">X</p> <p style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 5px;">B. Received by ( <i>Printed Name</i> )</td> <td style="width: 50%; padding: 5px;">C. Date of Delivery</td> </tr> </table> <p style="margin-top: 20px;">D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	B. Received by ( <i>Printed Name</i> )	C. Date of Delivery
B. Received by ( <i>Printed Name</i> )	C. Date of Delivery		
<p>2. Article Number</p> <p style="margin-top: 10px;">(Transfer from service label)</p>	<p>3. Service Type</p> <p> <input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.         </p> <p style="margin-top: 10px;">4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes</p>		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>PS Form 3811, February 2004</div> <div>Domestic Return Receipt</div> <div>102595-02-M-1540</div> </div>			

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